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**FACSIMILE COVER SHEET**

Date: <b>March 13, 2003</b>	Client & Matter Number : <b>02307E-098010US</b>	No. Pages (including this one): <b>4</b>
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To: <b>Examiner Robert Landsman USPTO</b>	At Fax Number : <b>703-746-5332</b>	Confirmation Phone Number:
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**From : Matthew Hinsch (4054)**

**Message: Re: U.S. Patent Application No.: 09/510,332**

Examiner Landsman,

Thank you for the opportunity to discuss this application. Attached is a copy of the Revocation and Power of Attorney, and also a copy of a Power to Inspect which we are filing via hand-delivery today. We would appreciate your assistance in expediting the availability of this application for inspection. Once again, thank you for your assistance.

  
Matthew Hinsch

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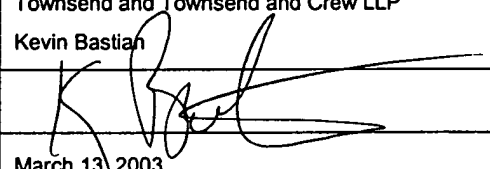
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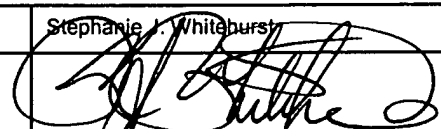
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SF 1441736 v1

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/510,332	
	Filing Date	February 22, 2000	
	First Named Inventor	Zuker, Charles S.	
	Art Unit	1647	
	Examiner Name	Landsman, Robert	
Total Number of Pages in This Submission	5	Attorney Docket Number	02307E-098010US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Revocation of Power of Attorney or Authorization of Agent (1pg); Power to Inspect/copy (1pg) Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Kevin Bastian Reg. No. 34,774
Signature	
Date	March 13, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being hand-delivered to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <b>March 13, 2003</b>			
Typed or printed	Stephanie J. Whitehurst		
Signature		Date	March 13, 2003

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<b>REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	09/510,332
	Filing Date	February 22, 2000
	First Named Inventor	Zuker, <i>et al.</i>
	Group Art Unit	1647
	Examiner Name	Robert Landsman
	Attorney Docket Number	02307E-098010US

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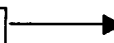
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

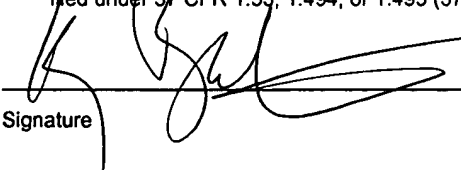
**SIGNATURE of Applicant or Assignee of Record**

Name	Linda S. Stevenson
Signature	<i>Linda S. Stevenson</i>
Date	March 13, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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SF 1441720 v1

POWER TO INSPECT / COPY		Docket Number (Optional) 02997E-098010USPH 2:00
In re Application of ZUCKER, <i>et al.</i>		03 MAR 17 PM 2:00 RECEIVED TECH CENTER 1600/2900
Application Number 09/510,332	Filed February 22, 2000	
Group Art Unit 1647	Examiner Robert Landsman	
Paper No. 1		
Assistant Commissioner for Patents Washington, DC 20231		
Please permit the following person(s) to inspect and make copies of the above identified application: _____ Prior Art Searches, Inc. _____ Tommy L. Foster _____		
I am an:  <input type="checkbox"/> Applicant.  <input type="checkbox"/> Authorized official of the assignee of record. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.  <input checked="" type="checkbox"/> Attorney or agent of record Registration No. 34,744.  <input type="checkbox"/> Attorney or agent Registration No. _____ named in the application papers filed under 37 CFR 1.53, 1.494, or 1.495 (37 CFR 1.63 or 1.497 oath or declaration not filed).		
Signature 		Date 3/13/03
Kevin L. Bastian _____ Typed or Printed Name  _____ Title (Officer of company or corporate assignee)  _____ Name of Assignee, if any (e.g., company name)		
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